

MARYLAND COMMISSION ON KIDNEY DISEASE
OPEN SESSION MINUTES
Thursday October 25, 2007
4201 Patterson Avenue, Room 108-109

The Open Session meeting of the Commission on Kidney Disease was held on Thursday, July 26, 2007 at 4201 Patterson Avenue in room 108-109. The Vice -Chairman, Dr. Kenneth Yim called the meeting to order at 2:10 PM. Commission members present were: Drs. Luis Giminez and Jose Almario, William Frederick, RN, Margery Pozefsky and Tracey Mooney, CPA. Commission staff present were: Eva Schwartz, Executive Director and Donna Adcock, RN, Surveyor. Commission counsel present: Leslie Schulman, AAG.

DHMH staff present: Carol Manning, Chief KDP, Pat Nowakowski, Medicaid Operations, Barbara Fagan and Maria Krasnansky, RN, Office of Health Care Quality.

Guests present were:

Carol Miller, Davita	Steve Schell, Amgen
Kim Sylvester, Good Samaritan	Stephanie Barkley, Davita
Brenda Redilla, Amgen	Timberly Taylor-Cure, Davita
Brenda Falcone, NKF	Theresa Kurtz, Davita
Genevieve Murray, Davita	Chris Simon, IDF
Elena Balovlenkov, Davita	Micki Misiaszek, Genzyme
Toni Moore-Duggan, Davita	Carla Abel-Vacula, Davita
Tara Matthews, Davita	Brian Nelson, DCA
Al Wurm, Davita	Sarrah Johnson, RAI
Rhonda Rashad, American Access Care	Genevieve Murray, Davita
Abigail Hansen, FMC	Kelly Noble, FMC
Pam Pacheco, DCA	Heather Clark, Davita

I. APPROVAL OF July 26, 2007 MINUTES

The minutes were approved as submitted.

II. EXECUTIVE DIRECTOR'S REPORT

Mrs. Schwartz reported that the Commission has been working collaboratively with the Board of Nursing (BON) and the Office of Health Care Quality (OHCQ) on new initiatives.

The workgroup with the BON is addressing nursing delegation issues in the acute setting. Mrs. Schwarz reported that even though the Commission does not regulate acute dialysis centers, BON requested that the Commission collaborate with the group as many of the RN delegation issues and staff are shared in the chronic dialysis outpatient setting. She noted that this group's final work product should be reasonable and acceptable to the renal community.

The workgroup with the OHCQ began meeting last week and is reviewing the outpatient dialysis facility licensing regulations. One of the issues discussed during the meeting was the facility administrator and how to define this person's role, education and experience requirements. This group is comprised of staff from the OHCQ, BON and dialysis facilities' stakeholders. Mrs. Schwartz noted that the meeting is open and anyone interested in attending should contact Kim Mayer at the OHCQ for more information.

III. OLD BUSINESS

A. Collaborative Task Force (CKD+NKF)

Brenda Falcone reported that the Commission and NKF are planning to work collaboratively on a program that educates primary care physicians about early identification of renal disease and simple testing that can be done to aid in that identification. She noted that she has met with nephrologists at UMMS and is scheduled to meet with nephrologists at JHH to establish interest in the program. She directed everyone's attention to the "Take Action" attachment and encouraged everyone to sign onto the www.kidney.org/takeaction web site to be informed. She invited anyone interested in participating in the task force to speak with her. She informed the group present that she is planning a meeting in January.

B. Nursing Conference Frequently Asked Questions

Mrs. Schwartz reported that the Frequently Asked Questions document from the July conference is near completion. She noted that each facility will receive a copy and that it will be posted on the Commission website.

IV. NEW BUSINESS

A. Kidney Disease Program

- **Statistics and Budget**

Ms. Manning presented and discussed the KDP Budget, Statistics, and Expenditure Reports. She noted that the KDP budget for FY 08 is \$8,317,380.

Mrs. Mooney questioned Ms. Manning about the timely payment of claims. Ms. Manning noted that there is a tremendous back-log. She noted that there has been some initiative to improve staffing at KDP to alleviate the problem.

Ms. Mooney reported her concerns that providers were not being paid timely by Medicaid and KDP and that the lack of reimbursement is jeopardizing some facilities. She requested that the Department consider paying claims in advance.

Ms. Nowakowski stated that paying claims in advance would have to be approved by the Secretary and that she would take Ms. Mooney's concerns back to the Department.

- **Medicare Part D's Impact on KDP**

Mrs. Schwartz questioned Ms. Manning regarding the actual cost savings realized from the requirement that patients have Medicare Part D coverage. Ms. Manning noted that the issue is being researched but currently there does not seem to be any cost savings realized by the KDP. She noted that the Department is still researching the issue. Mrs. Schwartz noted that the KDP budget was cut by 1.25 million dollars because the Department believed there would be cost savings.

B. Transplant Liaison Resource Manual

Mrs. Adcock reported that the resource manual will be distributed to each facility in the near future. She noted that the manual has been compiled by the transplant centers to serve as a permanent resource in the facility. Mrs. Schwartz noted that future Transplant Symposiums may be considered if the renal community feels they are warranted.

C. Transplant Patients and KDP Coverage

Mrs. Adcock reported that a patient complained that she was told by her dialysis social worker that she must apply for KDP in order to be listed for kidney transplant. The patient reported that she has paid over \$20,000 in premiums to KDP for insurance she does not need and did not use. Mrs. Adcock questioned the guests regarding this issue. A guest reported that the transplant centers do require patients to be fully insured and that at times he felt that they requested that patients sign up for KDP when they are already fully insured. The guest questioned whether the financial case workers at the transplant centers are aware that depending on the patients assets that they may be paying a premium. Mrs. Adcock noted that she has reported this concern to both Maryland transplant centers.

D. CMS Final Rule for Organ Transplant Centers

Mrs. Adcock discussed these CMS regulations effective since June 28, 2007, and that they:

- Require the transplant centers to provide a copy of their patient selection criteria, upon request, to patients and dialysis facilities.
- Require the transplant centers to notify the patient and the dialysis facility of the patient's placement on the waitlist, the decision not to place the patient on the wait list, the need for further evaluation or the patient's removal from the transplant list.
- Require the transplant center to have written policies and procedures for ongoing communications with the patients' dialysis facility.
- Require transplant centers that perform living donor transplantation to provide an independent living donor advocate or living donor advocate team that do not routinely provide services for transplant candidates and recipients.

Mrs. Adcock noted that these regulations are in accordance with the goals the Commission Transplant Committee was attempting to achieve.

E. Safety Needles

Mrs. Adcock reported that the Commission was contacted by a dialysis staff member who had suffered a needle stick in an outpatient dialysis facility. The staff member shared that the facility was not utilizing safety needles. Mrs. Adcock shared that The OSHA Bloodborne Pathogens Standard Revision dated November 2000 requires that employers review their exposure control plans annually to reflect changes in technology that may help eliminate or reduce exposures. The review must include documentation of the employers' consideration and implementation of appropriate commercially available and effective safer devices. OSHA also requires the following:

- The employer must solicit input from non-managerial health care workers regarding the identification, evaluation and selection of effective engineering controls including safer medical devices.
- Employers with 11 or more employees who are required to keep records by current standards must maintain a sharps injury log identifying the type and brand of device involved in the incident, location and description of the incident.

F. CNA-DT Certifications

Mrs. Adcock reported that Mrs. Newman from the BON has stated at an ANNA meeting that all CNA-DT endorsements should be present on the MBON website by the end of this year. Discussion ensued. The guests are concerned that there are persistent issues at the BON that are keeping the documentation on the website from being correct. Mrs. Adcock and Mrs. Krasnansky requested that the facilities work diligently to get the CNA's appropriately certified and keep all correspondence with the BON to prove that the facility is attempting to correct the issue. Mrs. Adcock noted that correspondence dated months ago without any follow-up cannot be accepted as proof that the facility has attempted to assure all staff are appropriately licensed/certified.

G. Repetitive Deficiencies

Mrs. Schwartz addressed the Governing Body's responsibility in a dialysis which is to assure that their facilities are correcting identified deficiencies and addressing, on an ongoing basis, in quality assurance that the deficiencies are corrected. She noted that the most common citations from the Commission are:

- Governing Body and Management/Medical Director/Administrators
- Long Term Program and Care Plans
- Medical Records
- Physical Environment/Water Testing

H. Citation Free Surveys

Mrs. Schwartz commended the following facilities for receiving citation free surveys:

- Montgomery Renal
- Davita Renal Care of Bowie

I. Complaints

Mrs. Schwartz reported that the Commission has received and investigated the following types of complaints since the last meeting:

- **Written**
 - Patient's family complained that facility did not appropriately weigh patient
 - Facility complained about verbally abusive and threatening patient
- **Verbal**
 - Patient complained about unprofessional behavior by staff at a facility
 - Caller complained that the RN is often late and treatments are started without a RN on-site
 - Patient complained that the social worker required her to sign up for insurance she believes she did not need in order to get on the transplant list
 - Patient's daughter complained that she was not allowed in the treatment area

J. Commission Approval/Disapproval for KDP Transplant Reimbursement

The following Hospitals have been granted out of state transplant approvals:

Hospital	Granted	Refused
Washington Hospital Center	3	0
Georgetown University Hospital	1	0
Inova Fairfax Transplant Center	1	0

K. Surveys (22)

The Commissioners reviewed the results of the surveys and the deficiencies noted:

Deficiencies

Compliance with Federal, State and Local Laws and Regulations	1
Governing Body and Management	6
Medical Supervision	1
Long Term Program and Care Plan	10
Patient Rights/Responsibilities	1
Medical Records	12
Physical Environment	10
Transmissible Diseases	4
Reuse	3
Affiliation Agreements	0
Director of Dialysis Center	1
Staff of a Renal Dialysis Facility	9
Minimal Service Requirements	3
Transplant Centers/ Affiliation Agreement	0
Abusive and Dangerous Patients	0

L. Surveys Completed (22)

The following facilities have been surveyed since the last meeting:

Davita Berlin	Davita Bel Air
FMC Camp Springs	Davita Harford Road
FMC QCDC	Artificial Kidney Center Silver Spring
Davita Harbor Park	Davita Renal Care of Bowie
St. Thomas More	Davita Pikesville
Ultimate Renal Care	Montgomery Renal
IDF Arundel	IDF Allegany
IDF Lions Manor	IDF Garrett
Memorial Hospital Dialysis	Davita Takoma Park
Good Samaritan Manor Care	FMC Ft. Washington
FMC Prince George	FMC Baltimore

Percent of Surveyed Facilities Meeting MARC’s Anemia, Adequacy and Fistula First Goals for Hemodialysis Patients

Mrs. Adcock reported that these results are representative of the surveys completed last quarter.

GO		Q1	Q2	Q3	Q4
AL ANEMIA	Hgb \geq 11 (85%)	26%	40%	45%	
ADEQUACY	URR \geq 65/Kt/v \geq 1.2 (90%)	32%	40%	45%	
FISTULAS	40%	47%	64%	58%	
FISTULAS	50%	35%	36%	21%	

CLOSED SESSION: Pursuant to Maryland State Government Annotated “10-508”, on a motion made by Dr. Kenneth Yim, the Commission unanimously voted to close its meeting on October 25, 2007 at 3:05 p.m., for the purpose of complying with the Maryland Medical Practice Act that prevents public disclosures about particular proceedings or matters.